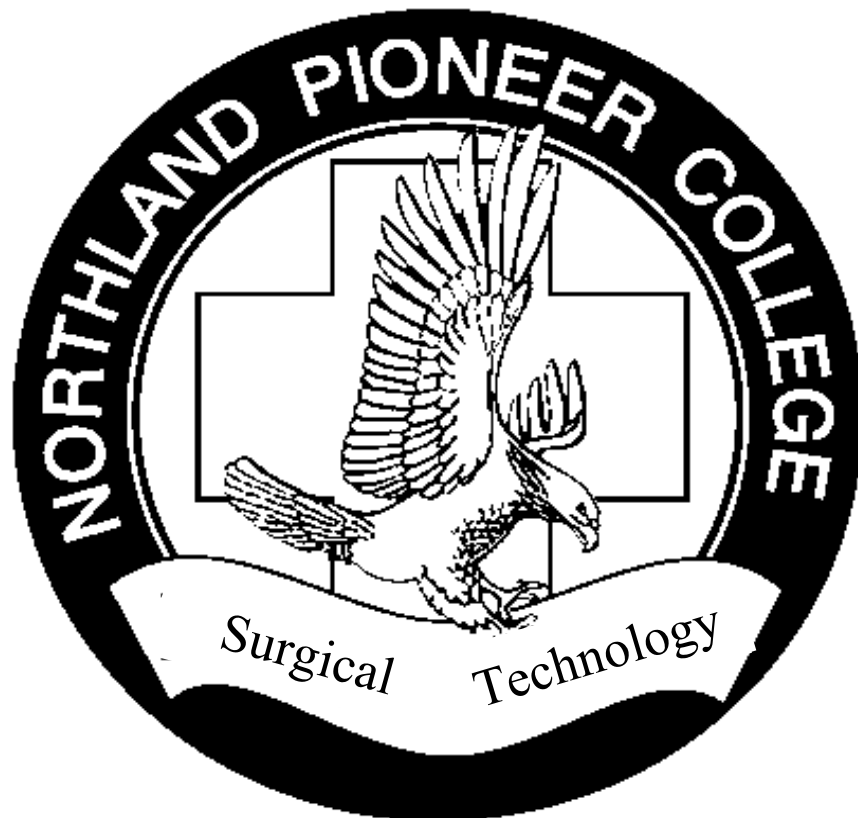


**NORTHLAND PIONEER COLLEGE  
SURGICAL TECHNOLOGY  
PROGRAM**

**STUDENT HANDBOOK**

**Spring 2020**





# Northland Pioneer College

EXPANDING MINDS • TRANSFORMING LIVES<sup>SM</sup>

## *Welcome to the Northland Pioneer College Surgical Technology Program~!*

I am so very pleased that you have enrolled in our surgical technology program to acquire your Associate of Applied Science in Surgical Technology degree. You have worked hard to come this far and we are committed to be right by your side as you continue toward reaching that goal over the coming semesters.

Surgical Technology is a caring profession well-suited for energetic people who are attentive to detail, passionate about quality and compassionate toward others. The goal of the surgical technology program is to prepare competent entry-level surgical technologists in the cognitive (knowledge, psychomotor (skills), and affective (behavior) learning domains to practice safely and professionally in a healthcare environment that is ever-changing. You will develop fundamental knowledge and skills during your time in training to serve you in entry-level clinical roles.

The Association of Surgical Technologists (AST) was established in 1969 by members of the American College of Surgeons (ACS), the American Hospital Association (AHA), and the Association of PeriOperative Registered Surgical technologists (AORN). AST's primary purpose is to ensure that surgical technologists have the knowledge and skills to administer patient care of the highest quality. Surgical technologists are trusted and respected and as professionals adhere to high ethical standards. They demonstrate exceptional communication skills, punctuality, and are among the most responsible and accountable professions. The way you approach problems and manage situations will no doubt change as you work under the supervision and delegatory authority of surgeons to facilitate the safe and effective conduct of invasive and non-invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedures are conducted under conditions that maximize patient safety. Surgical technologists are experts in the theory and application of the principles of asepsis and sterile technique combining the knowledge of human anatomy, microbiology, surgical procedures, and skill in the implementation of tools and technologies to facilitate a physician's performance. We look forward to teaching you these exciting techniques!

This handbook offers information and policies about our program and our expectations of your classroom and clinical performance. Meeting these standards will help you prepare for your future in the profession. Please read the handbook closely and carefully as you will be required to follow the policies found within its pages and you may need to refer to them regularly. You will be required to sign a confirmation statement that you have read and understood its contents.

May you have an exciting and rewarding year! We look forward to celebrating your progress and completion of the surgical technology program.

Lynn D. Thomas, BA, CST  
Surgical Technology Coordinator

Northland Pioneer College is seeking  
accreditation for the Surgical Technology  
Program by:

The Commission on Accreditation of Allied Health  
Education Programs (CAAHEP)  
25400 US Highway 19 North, Suite 158  
Clearwater, FL 33763  
Phone: 727-210-2350  
Fax: 727-210-2354  
mail@caahep.org  
Website: <https://www.caahep.org/Home.aspx>

Upon the recommendation of the:  
Accreditation Review Council on Education in Surgical  
Technology and Surgical Assisting (ARC/STSA)  
6 West Dry Creek circle, Suite 110  
Littleton, CO 80120-8031  
Phone: (303) 694-9262  
Fax: (303) 741-3655  
Website: [www.arcstsa.org](http://www.arcstsa.org)

The contents of this handbook supersede all previous editions. This handbook may be revised at any time by NPC and such revisions shall be applicable to all students and any re-enrolling students. Students are responsible to know the contents of the handbook at all times. NPC shall endeavor to inform students of any changes. Students are responsible for keeping their address and contact information current with the surgical technology program and the College. To the extent this handbook is inconsistent with the College Catalog, this handbook controls but shall be interpreted so as to avoid conflicts where possible.

02-10-20



## **POSITION STATEMENT CODE OF ETHICS**

1. To maintain the highest standards of professional conduct and patient care.
2. To hold in confidence with respect to the patient's beliefs, all personal matters.
3. To respect and protect the patient's legal and moral rights to quality patient care.
4. To not knowingly cause injury or any injustice to those entrusted to our care.
5. To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care.
6. To always follow the principles of asepsis.
7. To maintain a high degree of efficiency through continuing education.
8. To maintain and practice surgical technology willingly, with pride and dignity.
9. To report any unethical conduct or practice to the proper authority.
10. To adhere to the Code of Ethics at all times in relationship to all members of the health care team.

*Adopted August 1985  
Updated November 1993  
Updated January 2013*

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# Surgical Technology Student Handbook

## I. Program Information

### Description

In March of 2019, the Northland Pioneer College District Governing Board granted approval for an Associate Degree of Applied Science (AAS) in Surgical Technology program on the White Mountain Campus (WMC) in Show Low. The College employed a Surgical Technology Coordinator and acquired commitments for 11 clinical rotations from four local healthcare providers, i.e., Summit Regional Healthcare Medical Center, Sunrise Ambulatory Outpatient Surgery, Little Colorado Medical Center and Flagstaff Medical Center to support the admission of 6 students to the program. A dedicated skills lab was established with assistance and support from Northland Pioneer College, the Summit Healthcare Foundation and the Northern Arizona Foundation.

### Academic Articulation

The Surgical Technology program, requires the completion of three (3) semesters of prerequisites. Completion of core courses require a minimum of four (4) consecutive semesters. The Associate of Applied Science (AAS) Degree in Surgical Technology prepares students for beginning employment. Following completion of the AAS, students may pursue a Baccalaureate Degree in Surgical Technology (BST) at Northern Arizona University. This partnership manifests Northland Pioneer College's mission to create, support and promote lifelong learning.

### Accreditation Efforts

Admission to or graduation from the program does not guarantee eligibility for certification by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). The program is seeking accreditation with the Commission on Accreditation of Allied Health Education Program (CAAHEP) upon the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA). The program is planning the program to be reviewed for accreditation by the ARC/STSA in September 2020 during enrollment of the first and second cohorts. The Certified Surgical Technologist designation can only be awarded to students who complete a program that is concurrently accredited by CAAHEP during their enrollment. CAAHEP can withhold or deny accreditation upon review of findings and recommendation of the ARC/STSA.

### Mission

The surgical technology program mission promotes Northland Pioneer College's mission to provide, support, and promote lifelong learning by offering quality education in surgical technology. The Program prepares competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. The department strives to develop competent, caring surgical technology professionals who demonstrate ethical behavior and integrity while collaborating with the healthcare team to provide safe, patient-centered care within a continually changing healthcare environment.

## **Surgical Technology Program Goals**

### **Access to Education**

To disseminate learning and deliver services at multiple sites to diverse communities throughout rural service areas by providing encouragement and support to students preparing for admission into Surgical Technology program.

### **Leadership**

To attract and retain a highly qualified faculty and staff dedicated to student-centered learning, ethical practices, and continued professional development in teaching, practice, and community service.

### **Client-Centered Care**

To enhance student success by providing accessible and comprehensive services, including individualized, structured learning plans and referrals for and support of college student services and community-based social services.

### **Evidence-Based Practice**

To integrate methods of research and scholarship to improve the quality and delivery of health care services through the learning-teaching process.

### **Informatics and Technology**

To prepare students to utilize information and technology to communicate, manage knowledge, mitigate error, and support decision making

### **Teamwork and Collaboration**

To facilitate effective communication and collaboration between and among surgical technology faculty, staff and administration that supports a dynamic process of curriculum development and ongoing program evaluation within a relevant, meaningful framework.

### **Professional Judgment**

To prepare students to engage in reflective practice, demonstrating accountability for surgical technology practices based on professional standards, values, and decision making processes.

### **Safety**

To practice within legal and ethical principles to deliver safe and competent care based on current standards of practice.

### **Degree/Certificate Completion**

To facilitate student achievement of the Associate of Applied Science in Surgical Technology Degree as evidenced by an on-time completion rate of at least 60%.

### **Assessment of Student Learning**

To measure ability of graduating student to think critically, synthesize knowledge, and make safe decisions in their practice of surgical technology, 100% of students will complete the NBSTSA Comprehensive (Secure) CST Practice Exam™ prior to graduation.

### **Program Effectiveness**

To strengthen evaluation of program goals and objectives and support program improvement, 100% of students who complete the program will sit for the NBSTSA CST Exam™ following graduation with a 70% pass rate.

### **Graduate Placement**

To evaluate the successful development of occupational skills that support professional surgical technology employment, 80% of graduates will acquire placement in the field of surgical technology or a related field, be on active military duty and/or pursue continued education following program completion.

### **Employer Satisfaction**

To evaluate program effectiveness and quality of graduate performance, the program will *immediately* administer the ARC/STSA Employer Survey upon the hiring of a program graduate. Employer satisfaction surveys will evidence a response rate of 50% or higher and at least 70% of the surveys will indicate a satisfactory rating or higher.

### **Graduate Satisfaction**

To evaluate graduate satisfaction, the program will solicit all graduates to complete the ARC/STSA Graduate Survey. Graduate satisfaction surveys will evidence a response rate of 50% or higher and at least 70% of the surveys will indicate a satisfactory rating or higher.

### **Program Learning Outcomes**

The program curriculum embraces six concepts that support learning outcomes for students working toward entry-level competency in surgical technology: client-centered care, evidence-based practice, technology, professional judgment teamwork, safety, and collaboration. Learning outcomes are leveled for each core course. Integration of these concepts offer a framework upon which to build evaluation tools to measure leveled outcomes for each semester. Faculty and members of the Program Advisory Committee are currently examining evaluation tools that demonstrate consistency with performance expectations in laboratory and clinical environments to assure continuity and appropriate consequences to strengthen student performance.

The curriculum offers internal consistency between mission, program goals and learning outcomes. The program design provides opportunities for students to achieve the student learning outcomes through a comprehensive program of instruction intended to provide knowledge necessary for a safe, competent, caring, and ethical surgical technologist to enter the profession. The Program prepares competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behaviors) learning domains (Table 1).



Table 1. Program Goals/Learning Outcomes by Domain

Upon program completion, the graduate is expected to:	Knowledge	Skills Quality of Work	Professional Role Behaviors
<b>Client-Centered Care</b>	Demonstrate knowledge of duties of surgical technology to meet the biopsychosocial skills of the surgical patient.	Demonstrate perioperative functions to include patient identification, interview, assessment, admission and documentation.	Exhibit appropriate work place demeanor, conduct and appearance.
<b>Evidence-Based Clinical Practice</b>	Apply knowledge of anatomy, physiology, pathophysiology, and microbiology to surgical technologist roles and responsibilities	Demonstrate principles of surgical asepsis when performing procedures in the perioperative area.	Respect the ethical, legal, moral and medical values related to the patient and the surgical team during perioperative experiences.
<b>Technology</b>	Demonstrate utilization of technology to plan and implement selected aspects of patient care.	Apply basic knowledge of computer technology, electricity, and physics when performing selected surgical procedures	Adhere to proper procedure and policy in using technology in a professional manner.
<b>Professional Judgment</b>	Consistently identify sound rationale for actions.	Utilize judgment to analyze changing conditions and initiate appropriate actions.	Demonstrate the ability to meet unexpected situations calmly and display adaptability.
<b>Safety</b>	Demonstrate knowledge of instrumentation, infection control and proper handling techniques.	Implement safe practices in regards to perioperative routines, patient transportation, positioning and emergency procedures.	Provide safe care anticipating and communicating potential risks to client and provider safety.
<b>Teamwork and Collaboration</b>	Demonstrate an understanding of each team member responsibilities and functions.	Utilize principles of leadership to influence positive change within the healthcare setting, and advocates for safe, effective client care.	Utilize principles of leadership to influence positive change within the healthcare setting, and advocate for safe, effective client care.

## II. Curriculum – 2019-2020

### Associate of Applied Science in Surgical Technology

#### *Required Courses/Certification to gain Admission to the Surgical Technology Program*

Before the student will be considered eligible to apply to the Surgical Technology program, all courses must be completed with a grade of “C” or higher. A cumulative GPA of 3.0 “B” or higher is preferred for the following prerequisite courses:

		<u>Credits</u>
<b>BIO181</b>	General Biology (prerequisite to BIO 201 and BIO 205)	4
<b>BIO201</b>	Human Anatomy & Physiology I	4
<b>BIO205</b>	Microbiology	4
<b>CHM130</b>	Fundamental Chemistry	4
<b>ENL101</b>	College Composition I	3
Core Requirements:		
<b>HES170</b>	Medical Terminology (20-21 students may complete in 1 <sup>st</sup> semester)	<u>3</u>
Total		22

#### **Required Courses to Complete the Surgical Technology Program**

<u>1<sup>st</sup> Semester:</u>		<u>Credits</u>
Core Requirements:		
<b>SGT121</b>	Surgical Sterile Technique and Instrumentation	2
<b>SGT117</b>	Pharmacology for Surgical Technology	3
General Education Requirement:		
<b>BIO202</b>	Human Anatomy & Physiology II	4
<b>ENL102</b>	College Composition II*	<u>3</u>
Total		12
 <u>2<sup>nd</sup> Semester:</u>		
Core Requirements:		
<b>SGT122</b>	Surgical Techniques	4
<b>SGT221</b>	Perioperative Procedures	4
<b>SGT222</b>	Surgical Concept and Specialty Procedures	4
General Education:		
<b>PSY101</b>	Introduction to Psychology*	<u>3</u>
Total		15
 <u>3<sup>rd</sup> Semester:</u>		
Core Requirement:		
<b>SGT223</b>	Surgical Technology Clinical Practicum I	5
General Education Requirement:		
<b>SOC 101 or ANT 102</b>	General Sociology or Cultural Anthropology*	<u>3</u>
Total		8
 <u>4<sup>th</sup> Semester:</u>		
Core Requirement:		
<b>SGT224</b>	Surgical Technology Clinical Practicum II	10
<b>SGT219</b>	Surgical Technician Review Course	<u>1</u>
Total		11

#### **Total Program Requirements:**

Surgical Technology Core	36 credit hours
General Education Requirements	<u>32 credit hours</u>
	68 credit hours

\*All general education or non-SGT courses may be completed before entering the program but **must be completed as listed** above and no later than the beginning of the next semester. If the courses are not completed as stated, the student cannot continue in the Surgical Technology program.

## **CORE SURGICAL TECHNOLOGY COURSES**

**SGT 117 Pharmacology for Surgical Technology • 3 cr.**

**3 hr. Lecture**

Presents role of the surgical technologist in safe handling of drugs according to standard policies and best practices. Includes drug classifications and uses, federal and state pharmacy regulations. Covers labeling, dosage calculation, and methods of administration. Emphasizes complications and safety issues of medication administration.

**SGT 121 Surgical Sterile Techniques and Instrumentation • 2 cr.**

**1 hr. Lecture/ 2 hr. Lab/ 1 hr. Clinical**

Introduction to surgical technologist profession and practice. Applies principles of microbiology to decontamination, inspection, sterilization, packaging and storage of reusable surgical instruments and devices.

**SGT 122 Surgical Techniques • 4 cr.**

**3 hr. Lecture/ 3 hr. Lab**

Introduction to the hospital environment, the role of the surgical technologist, fundamental principles and practices in surgical techniques, safe patient care and knowledge to identify, select and safely use equipment and supplies in the operating room.

**SGT 221 Perioperative Procedures • 4 cr.**

**3 hr. Lecture/ 3 hr. Lab**

Develops fundamental understanding of perioperative environments, roles of surgical team members and surgical patient processes. Includes a clinical experience in sterile processing environment.

**SGT 222 Surgical Concepts and Specialty Procedures • 4 cr.**

**3 hr. Lecture/ 3 hr. Lab**

Classroom presentations and laboratory demonstrations of surgical procedures with review of anatomy and related pathophysiology. Operating room procedures, instrumentation and equipment in surgical specialties including genitourinary, ophthalmic, otolaryngology, maxillofacial, plastic/reconstructive, orthopedic, vascular, thoracic/pulmonary, cardiac, pediatric, neurosurgery, and emergency trauma.

**SGT 223 Surgical Technology Clinical Practicum I • 5 cr.**

**272 Clinical Case Hours**

Students assume role as surgical technologist in a live operating room setting applying learned skills.

**SGT 224 Surgical Technology Clinical Practicum II • 10 cr.**

**496 Clinical Case Hours**

Continuation of SGT 223 providing student opportunities to develop proficiency by serving in First and Second Scrub roles on surgical cases of increasing complexity to advance toward entry-level graduate achievement.

**SGT 219 Surgical Technician Review Seminar • 1 cr.**

**1 hr. Lecture**

Continuation of SGT 223 providing student opportunities to develop proficiency by serving in First and Second Scrub roles on surgical cases of increasing complexity to advance toward entry-level graduate achievement.

## SURGICAL ROTATION CASE REQUIREMENTS

The Surgical Rotation Case Requirement is achieved in both SGT 223 and SGT 224. The Accreditation Review Council (ARC/STSA) requires documentation of the students' progression in the scrub role while demonstrating surgical procedures with increasing complexity as they develop entry-level graduate competency. It is understood that no program is able to control surgical case volume or the availability of various surgical specialties. The NPC Surgical Technology program provides students with a diversified surgical rotation experience to complete a minimum of 120 cases to include the following:

1. Students must complete a **minimum of 30 cases in General Surgery**; 20 which must be performed in the First Scrub Role. The remaining 10 cases may be performed in either the First or Second Scrub Role.
2. Students must complete a **minimum of 90 cases in various surgical specialties**, excluding General Surgery; 60 which must be performed in the First Scrub Role. The additional 30 cases may be performed in either the First or Second Scrub Role.
  - a. A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a minimum of four surgical specialties.
    - (1) A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required).
    - (2) The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.
  - b. The remaining 30 surgical specialty cases may be performed in any surgical specialty either in the First or Second Scrub Role.
  - c. Optional surgical specialties: Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.
    - (1) Diagnostic endoscopy cases must be documented in the category of "Diagnostic Endoscopy", rather than by specialty.
    - (2) Vaginal delivery cases must be documented in the category of "Labor & Delivery" rather than in the OB/GYN specialty.
3. Case experience in the Second Scrub Role is not mandatory.
4. Observation cases must be documented, but do not count towards the 120 required cases.

**Student Work Policy:** *All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.*

### **III. Academic Policies**

#### **Transfer Students**

1. Degree-seeking transfer students should submit official transcripts of previous college work to the Records & Registration Office for evaluation. Evaluated credits will aid advisement prior to enrolling in classes.
2. Students must meet the NPC surgical technology program's admission requirements listed in the Admission Packet. Prerequisite completion with a grade of "C" or better in each course is required. A cumulative GPA of 3.0 "B" or higher is preferred for the prerequisite courses.
3. Transfer students require a letter of recommendation from the director of their previous surgical technology program. Students must submit pharmacology syllabi from previous course completion and course descriptions for previous surgical technology courses.
4. Applicants whose science course work was not completed within the last eight years may be required to test for knowledge prior to admission to the program.
5. Final admission and methods of selection are decided by the Admissions Committee and are dependent upon available space. While admission to the program will be based on completion of pre-requisites, GPA, and admission scores, clinical placement will be based on availability. Candidates should be willing to travel out of district.
6. Petitions for exception to these policies will be reviewed by the surgical technology Admissions Committee and handled on an individual basis.

#### **Course Transfer**

To receive credit for prior learning, the student must provide evidence of the quantity and quality of the learning that has been achieved. The nature of this documentation varies depending on the topic or skill, but generally includes certificates of completion for non-college courses in the private, government, or military sectors. Additionally, the student must provide documentation of course content and classroom hours. This information is usually available in a syllabus. Those interested in the evaluation of their prior learning should meet with an NPC academic advisor. This is necessary to receive a general overview of the options and processes that may need to be followed for any individual student's situation. Surgical technology and pharmacology courses need to be pre-approved by the Surgical Technology Coordinator and Dean if intended to substitute for NPC surgical technology courses. The Dean makes a recommendation and forwards the paperwork to the Registrar and Vice President for Learning and Student Services for a final decision and distribution of the copies of the petition form.

#### **Transferability of Credits**

Students interested in transferring their credits to another Arizona public university should contact an Academic Advisor. NPC offers online access to The Arizona Course Equivalency Guide to allow you to:

- See how your previous courses will transfer to public universities in Arizona
- Learn what community college courses transfer as specific university equivalents
- View transfer guides that outline university academic programs for community college students
- Research lists of community college courses that apply to university general education equivalents

To access the Arizona Course Equivalency Guide, visit <http://www.aztransfer.com/>

### **Student Information**

It is essential that students inform the surgical technology department, current instructors, and Northland Pioneer College of any changes in their contact information. Failure to do so may result in missing critical information and other communication. All students are issued an NPC email address. NPC uses this address to deliver official notices, such as closures and alerts and important date reminders. Faculty use this address to email grades, progress reports, evaluations, and other sensitive material to students. Students must verify they understand that e-mail is not a secure means of transmitting information – there are inherent security risks. The system allows forwarding your NPC email to another email system of your choice.

### **Family Education Rights and Privacy Act (FERPA)**

According to FERPA guidelines, students will be required to release protected information (CPR, Immunization, TB, etc.) in order to work at contracted healthcare facilities. It is the student's responsibility to sign a release of information form.

### **Registration/Professional Liability Insurance**

Students must be registered with tuition paid in each course before they may attend classes or clinical assignments. If a student's name does not appear on the faculty roster on the first day of classes, the faculty will ask for registration receipt of payment. Students may NOT attend a class or clinical site UNDER ANY CIRCUMSTANCES unless they are registered in the course. Registration is necessary so the College professional liability insurance covers the students, the college, and the clinical affiliating agencies. Keep all registration receipts for the duration of enrollment in the surgical technology program.

### **Health and Safety Medical Record and Functional Ability Requirements**

All students must meet all the health and safety requirements documented on the Surgical Technology and Allied Health Program Medical Record and Functional Abilities Essential for Surgical Technology Practice (see p. 22). It is essential that surgical technology students be able to perform a number of physical activities in the clinical portion of the program. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical surgical technology experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application and should inform the program of changes in their functional ability.

### **Disability**

Any student having a temporary medical condition inhibiting/restricting their activities must supply a written explanation from their physician. Should a student become unable to participate fully in the program's activities, the student may be administratively withdrawn.

We acknowledge that surgical technology students may have disabilities for which the College will make every effort to provide reasonable accommodations in compliance with the Americans with Disabilities Act (ADA). If you are a student with a disability and need accommodations for any classes, please contact the Disability Resource and Access office located at the White Mountain Campus. The coordinator, Sandy Manor, travels to all campuses and centers and an appointment can

be scheduled to meet with her by calling: 532-6178 (Local in Show Low) – or – 1 (800) 266-7845 ext. 6178. The coordinator should be contacted **before** the first class meeting. It is important to contact the DRA office as early in the program as possible so that any necessary accommodations may be expeditiously implemented. Applications can be submitted electronically at <http://www.npc.edu/dra-application-materials> or by following this [link](#). In addition to class exams, there will be standardized exams. If you are eligible for testing accommodations, this extends to standardized exams as well.

Please contact both your instructor and the DRA Coordinator if you plan to utilize this accommodation. Special accommodations for testing will be given only with appropriate documentation of special needs. Individual faculty will not provide extra time, different environments, or dictionaries during testing without official documentation of disability. Qualifying disabilities include: specific learning disabilities vision, hearing, speech impairment, and psychiatric disabilities. In order to qualify for services, an eligible student must:

1. Attend an intake interview with the DRA Coordinator or Assistant.
2. Provide current documentation of the disability.
3. Assist in determining appropriate accommodations.

According to ADA law, implementing accommodations cannot pose a direct threat to health or safety of others. It is the responsibility of the student to follow through with the Disability Coordinator.

### **Immunizations/TB Screening/CPR Certification**

It is the student's responsibility to keep updated with TB Skin tests (annually), keep immunizations current and recertify CPR-Health Care Provider as necessary to maintain enrollment in surgical technology courses. Students unable or unwilling to provide documentation of compliance with these health and safety requirements will be withdrawn from all surgical technology courses. No student will be permitted to attend clinical without these items being up to date.

### **Health Insurance**

Clinical affiliating agencies require that students have their own health insurance. During the first semester, that the student is enrolled in the surgical technology program, s/he is required to submit a copy of insurance coverage. Students are required to keep the nursing and allied health office updated of changes in an insurance carrier. If a student does not have private insurance s/he may purchase optional insurance through Northland Pioneer College. The College offers a group health plan through a major insurance company, especially designed for students attending Arizona community colleges, and offers excellent coverage for illnesses and accidents at reasonable rates. For an application or further information, contact an Academic Advisor or the office of the Vice President for Learning and Student Services. No student will be permitted to attend clinical without current health insurance.

### **Fingerprint Clearance**

Fingerprint clearance is required by July 1<sup>st</sup> of the admission year and is required for clinical experiences. If there is a positive criminal history, a fingerprint clearance may be revoked or denied. Students unable to maintain a current fingerprint clearance card will be withdrawn from surgical technology courses.

### **First Language Not English**

If English is not your first language, you may wish to identify yourself to your instructor. The instructor can make recommendations for additional academic support while you are in the surgical

technology program. Faculty will not provide extra time, different environments or dictionaries during testing without official documentation of disability and approved accommodations from the Disability Resource and Access office.

#### **IV. Allied Health Student Honor Code**

The Northland Pioneer College surgical technology program adheres to the policies and procedures of the College as they currently exist or may hereafter be amended. These procedures include, but not exclusively, the [Student Conduct Code](#) (procedure #2625), [Student Grievance](#) (#2605), [Student Appeal of Grades](#) (#2666), [Harassment](#) (#2762), [Hazing Prevention](#) (#2627) and the [Drug-Free Student Environment](#) (#2624) of the Navajo County Community College District. Any provision in this handbook that is inconsistent with any college procedure supersedes that procedure with regard to the surgical technology program.

Northland Pioneer College has partnered with Safe Colleges to provide each student an opportunity to educate themselves on the sensitive topics of sexual harassment and violence awareness, intimate partner violence, and drug and alcohol awareness and abuse. Students are encouraged to view the easily accessible Safe Colleges courses and benefit from knowing how to have a safe college experience.

In addition, surgical technology students must adhere to the policies and procedures of any agency where the student is assigned for clinical experience as a part of the Northland Pioneer College surgical technology program. By signing the acknowledgment of this handbook, or by continued, voluntary participation in the surgical technology program, a student consents to the policies and procedures of any agency that she or he uses for a clinical experience.

Any violation of college, agency, or surgical technology program procedures involving the health and safety of a patient, college or agency personnel or students may lead to student discipline up to and including dismissal from the surgical technology program.

#### **Elements of the Allied Health Student Honor Code**

All students entering health professional programs require qualities of honesty and integrity. NPC surgical technology students apply these principles to both their academic careers and their subsequent professional careers. Surgical technology students are expected to demonstrate a level of maturity that manifests in appropriate conduct at all times. Types of conduct that violate the Honor Code include, but are not limited to, the following:

##### **A. Academic Dishonesty**

Dishonest academic behaviors are not tolerated and will be reported to the Vice President for Learning and Student Services for investigation and possible disciplinary action. Please refer to the [Student Conduct Code](#) found in the College Catalog.

Examples of academic dishonesty include, but are not limited, to the following:

- Complicity with academic dishonesty.
- Plagiarism.
- Cheating.
- Fabrication and falsification.
- Misuse of academic materials.
- Possession or use of copyright-protected published test banks.
- Participation on websites that promulgate publication of copyright-protected test questions.



## Examination Policy

As organizations and individuals attempt new ways of illegally obtaining and sharing test materials for their own profit or benefit, surgical technology faculty consistently enhance our test security measures to assure students have access to a fair testing environment. To prevent security breaches, the following safeguards are followed:

- a. The testing environment will mimic the NBSTSA environment. No food or drinks. No electronic or communication devices. No smart watches. Show ear plugs to instructor. No personal belongings in the room. No hats/headwear, scarves, sunglasses, etc.
- b. Students only bring writing utensils into class room.
- c. Students will use instructor provided calculator.
- d. Students may not leave during the exam unless it is an absolute emergency.
- e. Student may not re-enter exam room until all students have finished testing.
- f. Instructor will not answer student questions in reference to exam items during an exam. If there is a typo on an exam, this should be communicated to the whole class.
- g. Testing Methods  
Exams may consist of the following types of questions-
  1. Multiple choice- there should be 4 answer choices with only 1 correct answer.
  2. \*Sequencing- ordering responses Ex. Highest risk factor to lowest risk factor, first step to last step, etc.
  3. \*Multiple response- at least 5 answer choices, 1 or more of those should be the desired responses. In 1<sup>st</sup> semester **ONLY**, indicate the number of correct responses for each question.
  4. \*Exhibit/charting- part of chart presented and used to answer the question.
  5. \*Hot spot- picture given and student must mark correct spot or area, such as a syringe or medicine cup, or placement of stethoscope for auscultation of breath sounds, etc.
  6. \*Fill-in-the-blank/Dosage Calculation- provide the rounding rule for each question. Unless conversion of pounds to kg is the problem, the kg will be provided within the question stem. For each question provide a blank line with the appropriate unit for the student to “fill-in-the-blank” with the correct numerical response.
- h. Students understand that when reviewing unit exams and quizzes, they may not copy by hand or machine, photograph, or transmit any part of any quiz or exam. No paper, writing implements, electronic devices (including cell phones, smartwatches and computers) are permitted while reviewing the exam. No exam or quiz will be removed from the classroom.
- i. All students agree not to discuss the exam questions, rationales, or answers with any other possible examinee. Students are aware HESI admission exams are secure exams. Exam questions, rationales, or answers may not be discussed. Students verify their understanding that violation of this policy is a form of academic dishonesty and may result in immediate dismissal from the surgical technology program.

## **B. Unprofessional Conduct**

Denotes any conduct (either on- or off- campus) that interferes with the student's ability to perform professional duties or reflects poorly on professional practices. Examples of unprofessional conduct include, but are not limited to, the following:

- Disruptive or disorderly conduct in a classroom or clinical setting (on-site or off-site), such as disregarding rights of faculty and peers, threatening behaviors in any medium of communication, and sexual harassment.
- Intoxication or being under the influence of drugs or alcohol on campus, in a classroom or in a clinical setting.
- Violation of any NPC policy.
- Violation of patient confidentiality.

## **C. Professional Role Behaviors**

Expectations related to professional role behaviors are embedded in the Association of Surgical Technologist (AST) Position Statement Code of Ethics found at the beginning this handbook. These standards of practice reflect professional performance requirements for surgical technologists. Students accept responsibility for professional role behaviors related to 1) attendance, 2) dress code and professional appearance, and 3) protection of confidentiality: A breach of expected conduct whether covert or overt, reflects poorly on the student, the surgical technology program, the profession and can place the college and facility in legal jeopardy.

### **1. Attendance**

One goal of the surgical technology program is to prepare students to practice competently and professionally in the health care environment. Among the many desirable qualities of the technologist is appropriate communication, courtesy to others, punctuality for obligations, and completion of responsibilities.

These qualities also are expected while a student is learning. Depending on the course and clinical placement the clinical/lab days listed on your schedule may not necessarily reflect the days that you will attend. Schedules in the clinical setting are subject to change depending on facility scheduling practices.

#### **Class Attendance**

Promptness, punctuality and attendance at all classes are an important part of professional accountability. Upon entering Northland Pioneer College, a student assumes the responsibility of completing each course for which s/he is registered. The student is expected to attend all sessions of the classes in which s/he is enrolled. Any student who has three (3) absences without excuses acceptable to the instructor, medical or otherwise, may be dropped from the class. Students who miss the first two (2) meetings of the class may also be dropped. After a student has been dropped from class for unexcused absences, an appeal for reinstatement will be considered only under extenuating circumstances.

1. When absence is unavoidable, students should report the reason to the instructor and assume the responsibility for all classroom work they miss.
2. Class attendance may affect the final course grade at the discretion of the instructor as specified in the course syllabus.
3. For further course requirements, i.e., penalties for tardiness and late assignments, see

each course syllabus.

### **Classroom Etiquette**

1. Cell phones are to be turned off and placed out of view during class.
2. Students are expected to arrive to class on time, return from breaks on time, and remain in class for the scheduled time. Tardiness or leaving early may result in an unexcused absence.
3. Talking out of turn or exhibiting other disruptive behaviors is not tolerated. You will be required to leave the classroom or lab. Please review the NPC Student Code of Conduct within the college catalog.

### **Clinical Practicum Attendance**

In order to meet the clinical objectives, faculty members believe learning occurs best in the clinical setting. Your attendance assists in the acquisition of clinical competencies. Therefore, attendance at clinicals is mandatory.

1. If the student must miss clinical due to an emergency or illness, the student **must notify** the instructor, the clinical agency, and the preceptor, if applicable **before** the beginning of the shift.
  - a. With one (1) clinical absence, a make-up clinical day or a written assignment will be required to be completed on the date determined by the instructor.
  - b. With two (2) clinical absences, the student must complete make-up clinicals/assignments as described above and meet with faculty to develop a learning contract. Students must make arrangements to make up missed clinical days by the date arranged with the clinical instructor. Opportunities will be provided according to faculty and facility convenience.
  - c. Failure to complete the required assignments on designated dates may result in a failing grade and the student may be dismissed from the surgical technology program.
2. More than two (2) clinical absences per course may result in a failing grade in the course and the student may be dismissed from the surgical technology program.
3. If an absence is due to an illness, a physician's written permission to return to clinical activities may be required by the instructor or the facility.
5. **Any unexcused clinical absence may be grounds for dismissal.**
6. *Skills lab* attendance is mandatory. If a student misses a skills lab, it is the student's responsibility to arrange make-up by the date arranged with faculty.
7. In circumstances of student illness, injury, or other health limitations, both the clinical agency and the college health policies must be upheld. The faculty member will determine a student's ability to give adequate care and will determine if the student can remain and/or return to the clinical experience, regardless of a physician's approval for return. In the event of a student injury suffered during clinical practice, emergency medical treatment may be obtained at the clinical facility. However, all treatments will be at the expense of the student.
8. It is the student's responsibility to update TB tests (annually), keep immunizations current and recertify CPR-Health Care Provider as necessary to maintain enrollment in surgical technology courses. Students unable or unwilling to provide documentation of compliance with these health and safety requirements will be withdrawn from all surgical technology

courses.

9. Cancellation of clinical due to weather is based on the discretion of the instructor, but does not occur often. Clinical allowances and availability for make-up opportunities differ between sites – please refer to your instructor.
10. Punctuality is an important characteristic of a surgical tech/assistant and a discipline that must be learned by the student in the clinical area. Tardiness may result in being sent home and an unexcused absence recorded.
11. Please refer to each course syllabus for further guidelines.

### **Clinical Travel**

Clinical experiences take place in various health care agencies in and outside the college's district. Hours may vary from the class schedule depending on the clinical placement and travel will be required. Students traveling from Winslow or Show Low to Flagstaff Medical Center for clinical experiences may request the use of one college vehicle for transportation. The clinical instructor will appoint a student to serve as group leader to take charge of acquiring the clinical forms from the nursing and allied health office and returning them to the Dean as a packet. The packet must be submitted *at least 2 weeks prior* to the first travel date.

In addition, overnight stays may be required. Occasionally, it is necessary for the surgical technology student to travel to a more specialized training facility out-of-town that requires being away from home overnight.

1. The college does not assume financial responsibility for overnight accommodations.
2. For students who travel to Flagstaff Medical Center for a clinical experience: If the student is unable to return to his/her home due to a snowstorm or hazardous road conditions, the students will be lodged at the expense of NPC. Students are responsible for their meals. When the college makes lodging arrangements for the students and is financially responsible, the following rules will apply for the duration of the travel period:
  - a. Students are representing Northland Pioneer College and should conduct themselves in a manner which will not bring complaints from hospital or hotel personnel.
  - b. One to four students may be assigned to a room.
  - c. Family members and friends are not allowed to share the accommodations.
3. When the college does not assume financial responsibility for overnight accommodations, the students are free to make their own arrangements but are still held accountable to the college while at the facility.
4. All students must abide by the NPC Student Conduct Code and Allied Health Honor Code during the travel period.

In case of weather conditions that render traveling hazardous, students are urged to exercise their best judgment in determining whether to attend clinical assignments. The instructor must be notified promptly if students are going to be absent or late. Cancellation of clinical due to weather is based on the discretion of the instructor, but does not occur often. Faculty will notify students of changes in scheduling clinical practice. Clinical allowances and availability for make-up opportunities differ between sites – please refer to your instructor.

### **Jury Duty**

Students can request a postponement of jury duty if the jury duty assignment conflicts with class. It is

advisable, in such cases, that students request jury duty to be deferred until a break from school so as not to interfere with exams or other in-class assignments. If a letter from the program is required, please see the Dean for a letter seeking to postpone jury duty. In cases where a student must be absent from class for jury duty, it is the student's responsibility to notify the instructor in advance that they will be absent. If released from jury duty during the course of the day, the student is expected to return to class.

## 2. Clinical Dress Code

Students are to wear the official surgical technology program uniform in all clinical settings unless setting or agency requires other clinical attire. Guidelines for student's dress and appearance when functioning in a professional capacity in clinical areas and skills laboratory include the following:

- a) Students must be meticulous regarding personal hygiene. A student maybe dismissed from clinical for the day for hygiene issues.
- b) Fingernails must be short, clean, and in good repair and with **NO** nail polish. No artificial nails are permitted.
- c) Hair is arranged neatly and securely so that it will stay under control, away from the face. Hair longer than shoulder length must be tied back and off the shoulders. Beards and mustaches are neatly trimmed. Facial beards may not be longer than one inch and no more than two inches below the jaw line.
- d) No visible facial or body piercing jewelry is permitted, including the tongue.
- e) Students are not to chew gum or use tobacco products at the clinical site.
- f) No perfumes, aftershaves, or perfumed lotions, soaps, and creams are permitted.
- g) Tattoos will be handled on an individual basis. If deemed that a tattoo may be offensive to any patient, the student may be asked to cover up the tattoo during clinical time.
- h) The surgical technology uniform includes:

Students *are not* required to purchase scrub tops/bottoms from a particular vendor, but *are* required to wear the appropriate gray color:

Pewter Cherokee Core Stretch Unisex V-neck Top style #4725

Pewter Cherokee Core Stretch Unisex Cargo Pant Style #4043

You may purchase your uniform at [www.scrubin.com/Cherokee-scrubs](http://www.scrubin.com/Cherokee-scrubs)

1. A solid, non-patterned white, navy blue, or gray undershirt may be worn under the scrub top. Short skirts or culottes that end above the knee are unacceptable. Skin-tight or form-fitting clothes are not appropriate. No other sweaters, sweatshirts, or hoodies will be authorized in clinical areas.
2. Clean, predominately white or black shoes with closed toes, non-porous top, and a back strap (no clogs) are permitted. Uniform style or athletic shoes and laces must be clean with low heels. No open toes, backless shoes or sandals are permitted.
3. Tan or white hose or white for women and men, according to agency policy.
4. Name tag approved by the surgical technology program and/or I.D. badge of institutions if required are part of the uniform. A student may be sent home from clinical if they don't have an approved name tag.
5. Students may use cell phones to communicate with faculty during clinical experiences. Personal use of phones must be completed while on break from the clinical unit.

### **3. Confidentiality and the Health Insurance Portability and Accountability Act of 1996 (HIPAA): The Law that Protects the Privacy of Health Information**

Surgical technologists have always had a duty to keep their patients' confidences. In essence, their duty to maintain confidentiality means that they may not disclose any medical information revealed by a patient unless to the physician or another health care provider involved in that patient's direct care. In general, [AST's Code of Ethics](#) requires technologists to respect and protect the patient's legal and moral rights to quality patient care. As explained by the [AMA's Council on Ethical and Judicial Affairs](#), the purpose of a physician's ethical duty to maintain patient confidentiality is to allow the patient to feel free to make a full and frank disclosure of information. Full disclosure enables the physician to diagnose conditions properly and to treat the patient appropriately. In return for the patient's honesty, the physician and technologist should not reveal confidential communications or information without the patient's express consent unless required to disclose the information by law. There are exceptions to the rule, such as when a patient threatens bodily harm to self or to another person.

AST's and AMA's ethical guidelines are not binding by law, although courts have used ethical obligations as the basis for imposing legal obligations. Moreover, maintaining patient confidentiality is a legal duty as well as an ethical duty. Your legal obligations are defined by the US Constitution, by federal and state laws and regulations, and by the courts. Even without applying ethical standards, courts generally allow a cause of action for a breach of confidentiality against a treating healthcare professional who divulges confidential medical information without proper authorization from the patient.

Despite these ethical and legal obligations, access to confidential patient information has become more prevalent. Technologists in integrated delivery systems or networks now have access to the confidential information of all the patients within their system or network. Confidential information also is disseminated through clinical repositories and shared databases. Sharing this information allows patients to be treated more efficiently and safely. The challenge for technologists is to utilize this technology, while honoring and respecting patient confidentiality.

#### **What is a Breach of Confidentiality?**

A breach of confidentiality is a disclosure to a third party, without patient consent or court order, of private information that the healthcare provider has learned within the professional relationship. Disclosure can be oral or written, by telephone or fax, or electronically, for example, via e-mail or health information networks. The medium is irrelevant, although special security requirements may apply to the electronic transfer of information.

The legal basis for imposing liability for a breach of confidentiality is more extensive than ethical guidelines, which dictate the morally right thing to do. Although current law in this area has been referred to as "a crazy quilt of state and federal law," protecting patients' confidentiality is the law of the land. Included in the patchwork are federal and state constitutional privacy rights, federal and state legislation and regulation governing both medical records and licensing, and specific federal and state legislation designed to protect sensitive information (*e.g.*, HIV test results, genetic screening information, mental health records, and drug and alcohol abuse rehabilitation information).

HIPAA has created additional patient confidentiality considerations. Under the privacy regulations, covered entities may usually release protected health information without authorization only to facilitate treatment, payment or health care operations.

Students need to become familiar with laws involving the duty to maintain confidentiality. Any breach in confidentiality – even one that seems minor – can result in mistrust and, possibly, a lawsuit and/or disciplinary action.

You may not review medical information that are not your patients' if you have no reason to have that information. Facilities will question why you are reading a patient record. Some agencies will have you sign a "Confidentiality Agreement." The list below shows information you may never remove from the clinical site.

### **Patient Identifiers**

The following 18 identifiers comprise the minimum information which must be removed from a patient record before it can be released:

1. Names
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Phone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

There are additional standards and criteria to protect individual's privacy from re-identification. Any code used to replace the identifiers in datasets cannot be derived from any information related to the individual and the master codes, nor can the method to derive the codes be disclosed. For example, a *patient's initials cannot be used to code their data because the initials are derived from their name*. In other words, the information would still be considered identifiable if there was a way to identify the individual even though all of the 18 identifiers were removed, e.g., names of relatives or employers.

## V. Functional Abilities Essential for Surgical Technology Practice

Individuals who apply for admission to the Northland Pioneer College surgical technology program must be able to perform essential skills. Any applicant who has met the necessary prerequisites and who can perform the essential functions will be considered for admission. If a student believes that he or she cannot meet one or more of the standards without accommodations, the surgical technology program must determine, on an individual basis, whether a reasonable accommodation can be made.

Functional Ability	Standard	EXAMPLES of required activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care. Must maintain balance in multiple position, reach above shoulders, below waist and out front.	<p>Mobility sufficient to carry out patient care procedures such as assisting with positioning patients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.</p> <p>Ability to stand for long periods of time (2-4 hours), walk, twist, turn, bend, stoop, squat, sit, climb stairs and move quickly. Reach above shoulders, below waist and out front.</p> <p>Push and pull 50 pound (e.g., carry instrument pans, move equipment). Support 50 pounds of weight (e.g., hold arm or leg). Lift 50 pound (e.g., pick up a child, transfer patient, bend to lift an infant or child). Carry equipment/supplies (e.g., lift instrument pans). Use upper body strength, e.g., retraction, physically restrain a patient. Squeeze with hand (e.g., operate fire extinguisher)</p>
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe patient care.	Motor skills sufficient to handle small equipment such as small screws, perform suctioning, insert catheters, squeeze dropper, typing with keyboard.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess patients.	<ul style="list-style-type: none"> <li>• Sensory abilities sufficient to hear alarms, auscultation sounds, cries for help, person-to-person conversation and discriminate in presence of background noises.</li> <li>• Ability to hear in situation while not able to see lips.</li> <li>• Visual acuity to read calibrations on 1 cc syringe, assess color and intensity (cyanosis, pallor). See in a darkened room (e.g., during endoscopic and eye procedures). Use peripheral vision. See objects 20 inches away and 20 feet away (e.g., information on monitors, identification of small needles). Depth perception and peripheral vision.</li> <li>• Tactile ability to feel pulses, detect temperature (skin/solutions), discriminate surface characteristics, feel differences in size and shape and detect environmental temperature.</li> <li>• Olfactory ability to detect smoke or noxious odor, etc.</li> </ul>
Behavioral/ Interpersonal/ Emotional	<ul style="list-style-type: none"> <li>• Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination.</li> <li>• Capacity for development of mature, sensitive and effective therapeutic relationships</li> <li>• Interpersonal abilities sufficient to establish rapport and interact professionally with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds.</li> <li>• Ability adapt to and work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. Ability to deal with the unexpected (e.g., client condition, crisis)</li> </ul>	<ul style="list-style-type: none"> <li>• Establishes rapport with patients and colleagues.</li> <li>• Functions as part of a team and workgroup.</li> <li>• Emotional skills sufficient to remain calm in an emergency situation.</li> <li>• Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the safe and effective care of patients.</li> <li>• Performs multiple responsibilities concurrently</li> <li>• Adapts rapidly to environmental changes and multiple task demands.</li> <li>• Maintains behavioral decorum in stressful situations.</li> <li>• Copes with strong emotions in others (e.g., grief, anger, stress)</li> </ul>



	<ul style="list-style-type: none"> <li>Capacity to demonstrate ethical behavior, including adherence to the professional codes of conduct.</li> </ul>	<ul style="list-style-type: none"> <li>Ability to negotiate interpersonal conflict.</li> <li>Accepts constructive feedback</li> <li>Accepts responsibility for own actions</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</li> <li>Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy</li> </ul>	<ul style="list-style-type: none"> <li>Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care.</li> <li>Elicits and records information about health history, current health state and responses to treatment from patients or family members.</li> <li>Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner.</li> <li>Establishes and maintains effective working relations with patients and co-workers.</li> <li>Recognizes and reports critical patient information to other caregivers.</li> </ul>
Cognitive/ Conceptual/ Quantitative Abilities	<ul style="list-style-type: none"> <li>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</li> <li>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</li> <li>Ability to comprehend three-dimensional and spatial relationships.</li> <li>Ability to react effectively in an emergency situation.</li> <li>Ability to transfer knowledge from one situation to another</li> <li>Utilizes long-term and short-term memory</li> </ul>	<ul style="list-style-type: none"> <li>Calculates appropriate medication dosage given specific patient parameters. Ability to count, add, subtract, multiply, divide whole numbers and compute fraction and decimals. Document numbers in records. Tell and measure time. Read measurement marks (e.g., ruler, scale)</li> <li>Analyzes and synthesizes abstract and concrete data, problem solves, and evaluates outcomes.</li> <li>Collects data, prioritize needs and tasks and anticipate reactions.</li> <li>Comprehends spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths.</li> <li>Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</li> <li>Transfers knowledge from one situation to another.</li> <li>Accurately processes information on medication container, physicians' orders, monitors, equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.</li> </ul>
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> <li>Ability to accurately identify patients.</li> <li>Ability to effectively communicate with other caregivers.</li> <li>Ability to administer medications safely and accurately.</li> <li>Ability to operate equipment safely in the operative area.</li> <li>Ability to recognize and minimize hazards that could increase healthcare associated infections.</li> <li>Ability to recognize and minimize accident hazards in the clinical setting including hazards created by clinical staff and students that contribute to patient, family and co-worker falls.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritizes tasks to ensure patient safety and standard of care.</li> <li>Maintains adequate concentration and attention in patient care settings.</li> <li>Seeks assistance when situation requires a higher level or expertise/experience.</li> <li>Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.</li> <li>Tolerates confined spaces, exposure to allergens, (e.g., latex gloves, chemical substances), strong soaps and odors, unpleasant sights, grease, oils, slippery or uneven walking surfaces, excessive noises and extreme temperatures.</li> </ul>
Punctuality/ work habits	<ul style="list-style-type: none"> <li>Ability to adhere to NPC policies, procedures and requirements as described in the Surgical Technology Student Handbook, college catalog, student handbook and course syllabus.</li> <li>Ability to complete classroom and clinical assignments and submit assignments at the required time.</li> </ul>	<ul style="list-style-type: none"> <li>Attends class and clinical assignments punctually.</li> <li>Reads, understands and adheres to all policies related to classroom and clinical experiences.</li> <li>Contacts instructor in advance of any absence or late arrival.</li> <li>Understands and completes classroom and clinical assignments by due date and time.</li> </ul>

## VI. General Policies

### 1. Student Representation

A class representative shall be selected from each cohort to serve as surgical technology student representative on the Surgical Technology Program Advisory Committee. The student representative must maintain a 78% exam average and acquire satisfactory clinical evaluations in all areas throughout the semester. If the cannot maintain this standard, the student will withdraw from the Committee and be replaced by another student. Representatives or their designees are required to attend committee meetings, curriculum planning workshops, and other administrative gatherings when curricular and student concerns are addressed. They shall participate in the development of academic policies and procedures and provide student input into the surgical technology program evaluation plan.

Students are encouraged to provide input on departmental decisions including admission standards, curriculum, student services, and the teaching/learning process. Students are invited to become active in the College student government association, national surgical technology associations and organizations on campus and in the community. The following activities are ways that students can become involved in governance:

- Participate in Course Improvement Surveys, Clinical Site Evaluations and Graduate Surveys.
- Provide honest and fair feedback to your instructor.
- Participate in Student Government activities.
- Provide input when your peers are representing your issues at coordinator roundtable meetings and program advisory committee meetings.

### 2. Grading Scale

Surgical technology students will be evaluated separately in theory and clinical areas.

1. All surgical technology courses are graded as follows:
  - a. The theory component will be assigned a letter grade based on the surgical technology program scales as described below:

91.00 – 100	=	<b>A</b>
85.00 – 90.99	=	<b>B</b>
78.00 – 84.99	=	<b>C</b>
77.99 & below	=	<b>F</b> (dismissal from program)

- b. In order to remain in the surgical technology program, students must maintain a 78% or above average in every surgical technology course in which they are enrolled, whether containing a clinical component or not. The weight of unit and final exams differs between courses - check your course syllabus. When a student's final grade average in a course falls below 78%, or it becomes mathematically impossible to achieve a 78% average, the student will be dismissed from the program pursuant to the dismissal procedure contained in this handbook.
    - c. Clinical and lab components will be assigned a Pass/Fail grade. The clinical/laboratory components are interdependent co-requisites; e.g., if a student receives a failing grade in either component, the grade recorded for both components is "F", and the student cannot continue in the program. If the student is readmitted to the program, the entire course must be repeated.

2. Remediation: If an instructor determines that remediation is required for any component of the course, a required Remediation Plan will be developed by the student and instructor. Failure to comply with the Remediation Plan may result in failure of the course. This failure to comply with remediation will be considered if readmission is requested.

### Theory Component

1. Theory grades are based upon examinations, and/or other assignments.
2. All surgical technology students must achieve a minimum average of 78 % on exam grades and must achieve 78% average in each course to continue in the program. The weight of each unit or final exam component to calculate the exam average and course average differs between courses – refer to the specific course syllabus.
3. All students must have an average of 78% on **all** exams (4 unit exams and final exam scores combined and averaged) to receive a passing grade (C) in this course. *The exam average will not round up to the next whole number. For example, a 77.5 is recorded as a 77 and does not meet the 78% requirement.*

Exams are weighted as follows to calculate exam average:

a.	3 Unit Exam Average	x 0.70	= _____
b.	Comprehensive Final	x 0.30	= _____
c.	Exam Average (must be 78.00% or higher)		= _____
4. Grades from additional components may be used to increase the grade average **only if the student has a minimum exam grade average of 78%**. Grades from additional components may result in an overall course grade lower than 78%, causing the student to fail the course (grade of F). Each *component* of the grade is calculated to the nearest tenth. The final grade will not be rounded up to the next whole number. *For example, if the components add up to 77.5%, the requirement is not met.*
5. A unit exam average of at least 78% is required for the 2<sup>nd</sup> semester student to remain in the program and progress to the clinical practicum.
6. Methods of evaluation for each course are printed in the course syllabus.
7. 1<sup>st</sup> and 2<sup>nd</sup> semester surgical technology students will be required to pass a dosage calculation exam with **100% proficiency** in order to continue in the program.
8. A grade of "D" or "F" in any co-requisite (general education) course is not acceptable to fulfill the grade requirements for the surgical technology program. Co-requisite courses must be completed before or in the sequential order listed on the surgical technology program curriculum outline.
9. It is the responsibility of each student to turn assigned reports, projects, etc. in to the instructor who made the assignment on the designated date stated by the instructor. Late work will be assessed a penalty– refer to each course syllabus for specific information.
10. All students will be notified **in writing** if doing unsatisfactory work.
11. Alcohol or drug use on campus or prior to lecture, lab or clinical will not be tolerated and is subject to the Substance Abuse Procedures.

12. Use of tobacco products in class is not permitted.
13. Bringing children to class is disruptive and discourteous to fellow classmates and will not be permitted (Procedure 2509).
14. Students are not to bring any noise producing electronic equipment to class or clinical experience (pagers, cell phones) that cannot be silenced.

### **Clinical Practicum Component**

All surgical technology students must demonstrate safe skill procedures as evidenced by instructor verification on the Surgical Technology Skills Check List.

1. All surgical technology students will have a written midterm and end-of-semester evaluation. Additional evaluations may be initiated by faculty or students at any other time. Clinical agencies and clinical instructors will be evaluated by students.
2. Students are required to attend clinical practicum assignments to meet the objectives of the course; however, the student may be restricted from clinical practicum if the agency staff or instructor deems them unsafe or unfit for duty.
3. Any student suspected of being under the influence of alcohol or other mind altering substances will be asked to submit to a urine or blood test and to leave the clinical area. ("Reasonable Suspicion" Substance Abuse Procedure)
4. Clinical performance based upon behavioral objectives is graded on a Pass/Fail basis.
5. Students are responsible to have their clinical Surgical Technology Skills Checklist with them at all times and to initiate having demonstrated skills initialed and dated by the instructor.
6. All students are to request direct supervision in clinical procedures and performance until the instructor approves their performance as safe.
7. **Students are to obtain supervision from an MD, RN, CST or instructor of the six rights for every medication given for the duration of the program.** The six rights of medication will be explained to the student during the course work before the clinical experience in which the student will give medications. Students giving medications without supervision will be dismissed from the surgical technology program.
8. Hospital and/or clinical agency incident reports involving any student and/or client are to be completed in full and signed by the student and the clinical instructor.
9. At no time will the student leave the agency during the assigned clinical time without permission from the instructor.
10. When the assigned clinical time is finished, the student is to exit the facility in a timely manner. If it is necessary to re-enter the clinical facility after or at other than assigned times, the student must remove any Northland Pioneer College identifying articles of clothing such as name tag or uniform.

11. Students not assigned to a particular clinical area or group will not loiter in the area where other students are working.
12. Any unsafe or unprofessional behavior shall be communicated to the student. The student may be dismissed from the surgical technology program at any point due to a single or cumulative problem behavior, depending upon the severity of the incident.
13. Meals before, during, and after clinical experience are the student's financial responsibility. Students are responsible for their own transportation.
14. It is required that eight hours of work-free time precede each NPC clinical practicum session. Excessive fatigue and/or inability to provide safe patient care may result in the student being asked to leave the clinical area, constituting a clinical absence.

### **Student Work Policy**

All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.

### **Scope of Practice**

Surgical Technologists have defined roles in the surgical theater and these duties typically do not involve direct patient care. Surgical technology skillsets are technically-based, therefore students will not preform the following:

1. Suture any part of the anatomy
2. Make an incision to any part of the anatomy
3. Cauterize any part of the anatomy
4. Place trocars in an abdominal cavity
5. Place catheters into the urethra
6. Manage and manipulate an energy device such as a Ligasure and Thunderbeat
7. Administer medication to a patient
8. Deliver medication to the backtable
9. Acquire medication from a pharmaceutical delivery system such as Omnicell
10. Waste narcotics with an anesthesia provider

## **3. Clinical and Laboratory Incidents**

### **Student Injury or Illness**

Students who are injured or become ill in the clinical area must notify the clinical instructor immediately. In the case of a clinical site-related injury, the student should follow the procedure (if one exists) prescribed by the institution or agency for students who are injured.

Students who are injured in a skills laboratory or at a clinical agency complete the Clinical/Laboratory Incident Report found at the end of this handbook. This form will assist your data collection to provide information to the Campus Manager and the Dean. The agency may also request that its incident report form be completed.

Notify the Surgical Technology Coordinator of the incident by phone after you have followed the procedure at the agency and contacted the clinical site's employee health office or nearest emergency room for immediate triage. If the student is treated in a hospital or an urgent or emergency care center, neither the College nor the agency will accept financial responsibility. The student must pay for any

care according to the policy of that treatment facility.

Students who become ill at the clinical site should, along with their clinical instructor, determine if their illness is communicable and presents a risk to patients/clients. The determination of whether an ill student who is symptomatic should be excluded from providing direct care shall be made on a case-by-case basis by the clinical instructor. A student's physician may also exclude a student from providing direct care. Treatment of any illness is at the student's expense.

The purposes of these procedures are:

- a. To document the type and frequency of incidents that occur during student clinical and laboratory experiences in order to identify, analyze and take action.
- b. To serve as an educational tool to assist faculty to detect risks, gaps in understanding and direct changes in the educational program.

### **Patient Care Error Definitions**

*Incident* – any unintended event, no matter how trivial, that could have harmed or did harm a patient/client, staff member, student, visitor or all four. **Incidents will be immediately reported to the clinical instructor and clinical agency.** A clinical incident is an occurrence inconsistent with accepted professional standards of patient care or routine organizational policies and procedures. An incident could involve supplies, equipment, procedures, or particular services or programs. The term incident includes near misses and injuries as a result of medication errors, error of execution, error of planning, or medical error.

*Medication error* – An error in the processing, ordering, delivery, or administration of a medication.

*Error of execution* – Failure of a planned action to be completed as intended (i.e., desired outcome may or may not be achieved).

*Error of planning* – The use of a wrong plan to achieve an aim (i.e., desired outcome cannot be achieved).

*Medical errors* – When something planned as part of medical care does not occur or when a wrong plan is implemented. The four types of medical errors include:

- Diagnostic – error or delay in diagnosis, failure to employ required tests, use of outmoded tests or treatment, and failure to act on results.
- Treatment – technical errors in performing an operation, a procedure or administering a treatment, medication error, avoidable delays, and inappropriate care.
- Preventive – failure to provide prophylactic treatments, inadequate monitoring or follow-up
- Miscellaneous – improper medical staff behavior, laboratory errors, equipment failures, and communication problems.

*Near miss* – An occurrence that could have resulted in an accident, injury, or illness but did not by chance, skillful management, or timely intervention.

### **Reporting Guidelines and Procedures**

The following guidelines are followed when completing the Clinical/Laboratory Incident Report found within this handbook.

- A. Student notification of the clinical agency and instructor immediately.
- B. Follow emergency and medical care and agency procedures.
- C. Documentation on the Clinical/Laboratory Incident Report about the incident should be

objective and contain factual information only. This form does not replace the agency or NPC incident reporting forms. Reports are to be completed by the student and clinical instructor directly involved in or present at the time of the incident.

- D. The Dean is notified by calling (928) 532-6133.
- E. The Clinical/Laboratory Incident Report will be sent to the Dean and the student will meet with the Campus Manager within 24 hours of the incident.

## **VII. Progression and Graduation Requirements**

### **Progression Requirements**

Students must meet the following criteria to progress to graduate from the surgical technology program:

1. Maintenance of grade point average of 2.0 or better for surgical technology classes (78.00%-84.00%).
2. Grade of "C" or higher in all co-requisite (general education) courses.
3. Completion of all college requirements with a minimum of 51 credit hours required for the Certificate of Applied Science Practical Surgical technology.

### **Exit Exam Graduation Requirement**

The purpose of the requirement to complete the NBSTSA Comprehensive (Secure) CST Practice Exam™ is to:

- Provide information for the ongoing systematic evaluation of the curriculum (as required for national accreditation).
- Measure the ability of students to think critically, synthesize knowledge, and make safe judgments and decisions in the discipline of surgical technology.
- Predict probability of passing the NBSTSA exam.

### **Policy**

1. All 4th semester surgical technology students are required to complete the NBSTSA Comprehensive (Secure) CST Practice Exam™.
2. The Surgical Technology Program Advisory Committee will determine the weight of the score on the course grade.
3. Faculty will provide students individual and group opportunities for structured review and .
4. All students must have an average of 78% on all exams, that is, unit exams and the final exam, to receive a passing grade to graduate from the surgical technology program.
5. Students who fail to achieve a 78% average on all exams and fail the surgical technology course as a result, and who are eligible to return to the surgical technology program, will be allowed to apply for readmission to repeat the associated course the next time it is offered.

## **VIII. Conditions for Dismissal**

1. Failure of any required surgical technology course results in automatic program dismissal.
2. Failure to successfully complete the co-requisite courses by the semester listed on the [curriculum outline](#) without written permission by the Dean, results in automatic program

dismissal. Course scheduling conflicts precluding registration will be considered on an individual basis.

3. A student may be suspended from the program during a grade appeal, grievance or student conduct code adjudication. Dismissal will be effective immediately after the deadline for filing a student grade appeal or grievance, or such grade appeal or grievance being fully adjudicated with the College, whichever is later.
4. The following is a representative list of disciplinary reasons, any one of which may constitute a basis for dismissal or not being readmitted to the program: (This list is not meant to be exhaustive)
  - a. failure to maintain a minimum grade of **"C"(78%)** in all required surgical technology coursework on an on-going basis.
  - b. any recurring performance or single incident which could jeopardize life, impede recovery, or interfere with the maintenance of the patient's current health status. (Example: medication error).
  - c. failure to report investigation, disciplinary, or regulatory actions taken in the past or currently pending against you in any state or territory of the United States.
  - d. DPS violations that affect your fingerprint clearance status and/or failure to report these violations.
  - e. denial, surrender, suspension, or revocation of any license or certificate in any state or territory of the United States.
  - f. failure to immediately report a [patient-care error](#) or incident to clinical faculty and responsible clinical personnel.
  - g. clinical evaluation indicating behaviors that pose a public safety risk.
  - h. performing skills that are beyond the student's [scope of practice](#).
  - i. violation of the [College Student Conduct Code](#) or [Allied Health Student Honor Code](#)
  - j. violation of HIPAA regulations.
  - k. actions or verbal statements which threaten the personal safety of any faculty, staff, students, patients or others lawfully assembled on the campus or clinical agency; or any conduct which is harmful, obstructive, disruptive to, or interferes with the educational process or institutional functions.
  - l. charged with a felony which may affect clinical performance.
  - m. behaviors that make it impossible for the student to perform the essential functions required of the student in the clinical experience including but not limited to insuring patient confidentiality, safety, recovery, and health.
  - n. alcohol or drug use during or before a lecture, lab, or clinical experience that impedes mental processes.



- o. failure to meet or maintain specific health and legal requirements, i.e., DPS fingerprint clearance, CPR training, communicable disease immunizations and tuberculosis testing, drug screening, and verification of ability to perform [Functional Abilities Essential for Surgical Technology Practice](#).
  - p. failure to disclose medical conditions or treatment plans that may influence the student's ability to safely care for patients or perform the [Functional Abilities Essential for Surgical Technology Practice](#).
  - q. current illegal drug use or current abuse of prescription or mind altering medications or substances such that a student's ability to safely care for patients and to function in appropriately is adversely impacted.
  - r. failure to achieve **100% proficiency** on dosage calculation exams
  - s. failure to demonstrate safe patient care skills
  - t. failure to participate in the exit interview described below may bar readmission to the program.
5. A student who is failing a surgical technology course may be dismissed prior to the end of the semester.
  6. When a surgical technology student is dismissed from the surgical technology program, a grade of "F" will be given in either the specific surgical technology course or all surgical technology courses in which the student is enrolled that semester.
  7. Any decisions regarding dismissal will be discussed by the Dean and faculty prior to any decision being made.

## **IX. Withdrawal and Readmission**

### **Procedure for Withdrawal**

Students will follow NPC procedures for withdrawal found in the Northland Pioneer College Catalog.

### **Exit Interview**

Within 30 days of the last date of attendance in the surgical technology program, a student must arrange an exit interview (preferably in person) with the Dean. The Dean will document the student's reasons for leaving, make recommendations for readmission if any, and discuss other issues as appropriate. A summary of the exit interview will be placed in the student's folder.

### **Re-Admission Application**

Students who have failed or withdrawn from the surgical technology program are not guaranteed readmission. Students who have failed or withdrawn from any surgical technology course for academic, disciplinary, or personal reasons more than once will be dismissed from the surgical technology program and will not be readmitted. Extraordinary circumstances may be evaluated by the Admission Committee.

The former student must send a written petition for re-admission in a letter format to the Surgical Technology Coordinator by October 1<sup>st</sup> for enrollment in the spring semester and by February 15<sup>th</sup> for

enrollment in the fall semester.

1. Because petitions for re-admission to the surgical technology program are carefully considered, the former student must answer the following questions in the petition, and the answers must be specific:
  - a. Why were you dismissed or why did you withdraw?
  - b. If your exit interview identified causes for dismissal/withdrawal and/or recommended support services or education, please answer the following questions (be specific):
    - i. What causes for dismissal/withdrawal and/or recommended supportive services/education were identified in your exit interview?
    - ii. What have you done since your dismissal/withdrawal to address these issues as noted in your exit interview?
  - c. Beyond the issues noted in b. (above) having been addressed, why should you be readmitted to the surgical technology program?
  - d. What commitments will you make to your education to increase your chances of academic success?
  - e. Are you willing to sign a behavioral contract as part of your re-admission if this was a condition discussed in your exit interview?
  - f. All readmission applications will be evaluated first by the instructor at the time of withdrawal or dismissal, the receiving instructor and the Surgical Technology Coordinator prior to forwarding the request to the admission committee.
2. When a petition is received on or before the deadline, the Admission Committee program meets to consider the former student's request for re-admission. The committee's decision is based on the former student's exit interview, application and record. Available space will be a factor in the committee's decision.
3. Meeting contingencies such as a required course, skills lab or clinical practice, or a contract to fulfill specific objectives may be part of the re-admission decision.
4. An applicant requesting re-admission to the first semester of the program is required to compete with all other first time applicants to the program. The original HESI score is good for eighteen (18) months, but the applicant may choose to retake it. Any co-requisites taken in the interim will be used in the admission criteria.
5. A student not being readmitted to the surgical technology program within 12 months of last date of attendance must re-apply as a new applicant with a complete application, following all current application requirements and deadlines. Students will need to retake SGT 117 and SGT121.

#### **X. Guidelines regarding Blood-Borne Diseases**

For their own protection, it is recommended that students have a baseline HIV test drawn, on a confidential basis, prior to starting the program.

##### ***Guidelines for Exempting Students from Clinical Assignment to AIDS Clients:***

1. Confirmed Pregnancy  
The risk of transmission of HIV infection to pregnant health care workers is not known to be greater than the risk to those not pregnant.  
  
The risk of transmission of other pathogens such as cytomegalovirus (CMV) from patients

with AIDS to pregnant health care workers is unknown but is thought to be low to non-existent.

Based on the above information, it is prudent to excuse pregnant students from caring for clients with AIDS until further data is available.

2. Incompetent Immunological Systems

Students with diagnosed immunological deficiencies are at an increased risk for developing opportunistic infections.

3. Infections

A student with an infectious process could further compromise the already incompetent immunological system of the AIDS client.

The decision to exempt a student from caring for an AIDS client due to illness or pregnancy will be made on a case-by-case basis by the faculty responsible for the clinical course.

Decisions about longer exemptions (more than one clinical session) will be made in consultation with the student's physician and appropriate college faculty/administrators.

***Student Clinical Assignments to AIDS Clients***

The student will be assigned to an AIDS client only after having been educated on the principles of infection control and Standard Precautions. Because Hepatitis B & C are transmitted via the same routes as HIV, guidelines for caring for someone with AIDS are the same as those for Hepatitis B & C. Except for the exemptions to clinical assignments as stated under "Guidelines for exempting student for clinical assignment to AIDS client", students who have received instruction in Standard Precautions and the general principles of infection control may be subject to disciplinary action in the event they refuse a clinical assignment.

**Students Who Are Antibody Positive, or Have AIDS**

Present guidelines recommend that asymptomatic health care workers with HIV infection **not** be restricted from employment (Conte and CDC).

Based on this information, students with HIV infection who are asymptomatic need not be restricted from clinical experience unless they have some other illness for which any health care worker would be restricted.

The student should be aware that HIV infection may cause immunosuppression and therefore increase the student's susceptibility to infections acquired from client-student interaction. The student who is HIV positive has a moral/legal responsibility to protect clients and others with whom they come in contact.

The determination of whether an infected student who is symptomatic should be excluded from providing direct care shall be made on a case-by-case basis by a team composed of appropriate college faculty/administrators and the student's physician.

***Accidental Exposure***

Accidental exposure is defined as accidentally being exposed to blood/body fluids through needle stick, or skin lesion/non-intact mucosal membrane of a patient with suspected or diagnosed Hepatitis B or C or with HIV.

**The accidental exposure of a surgical technology student while in a clinical agency will be treated per that agency protocol.**

When a student experiences a possible accidental exposure to a blood-borne disease while in a

clinical practicum agency, s/he should be made aware that the agency policy will mandate that an incident report be filed. Students agree to the incident report and to follow agency policy or procedures by their signature on the form included with this handbook and by their continued enrollment in the program. While the College will make every effort to maintain confidentiality, the student's agreement to follow agency procedure may not allow total confidentiality. The student agrees to execute any releases required by FERPA in connection with the Agency actions pursuant to their procedures. The supervising faculty will follow the agency procedure for reporting accidental exposure.

The student should immediately notify the clinical instructor who will then immediately notify the supervisor within the health care facility where the accident occurred. Agency policies will be followed. The exposed student is encouraged by the Department of Surgical technology to have immediate testing and follow-up according to current Center for Disease Control recommendations. The decision to have testing or not, however, is the choice of the individual exposed.

The Surgical Technology Coordinator must be notified immediately when a student has been accidentally exposed.

## **XI. Substance Abuse Procedures**

Northland Pioneer College has a great interest in the success of its allied health students, the safety of any patients they work with, and the continued viability of its surgical technology program. In addition, the community NPC serves also has a compelling interest in both patient safety and in the continued viability of the NPC surgical technology program. The public in the area served by the College also has a compelling interest in producing as many surgical technology graduates as possible. Shortages in skilled technologists directly impact the quality and availability of health care in NPC's area of service. Only students who are unimpaired by drug or alcohol use while they render care can properly attend patients, learn and understand proper procedures and adequately perform to the technical standards of their profession.

Based on the compelling needs indicated above, and in conjunction with NPC's adopted policies and procedures requiring a drug free environment on its property and in any of its activities, NPC requires all surgical technology students to: 1) consent to any drug testing, including random drug testing, or as may be required by any affiliated health care provider involved in administering a surgical technology clinical experience; 2) consent to and participate in pre-clinical drug test screening; 3) execute any consents that may be required by any testing entity whether an affiliate or a laboratory to allow college personnel to receive test results and any connected medical information; 4) consent to and participate in any reasonable cause drug testing; 5) abide by ethical standards in relation to drug and alcohol use including reporting to the Dean or the Vice-President for Learning and Student Services any student or nurse who violates the college or allied health program standards.

### ***General Procedures***

- A. General Notice – This procedure shall be given to all surgical technology students upon acceptance into the surgical technology program. Surgical technology faculty and students shall sign an acknowledgment that they have read and understood this procedure. Failure to sign the acknowledgment shall result in disqualification from the program. In addition to receiving a written copy of the procedure, all entering surgical technology students and all students about to begin the clinical rotation shall receive instruction from the surgical technology faculty concerning this procedure. Specific mention shall be made of: the drugs tested for as set out below, the detrimental effects of drugs and alcohol and the lingering

effects of drugs and alcohol in the body, and the consequences of either failing to consent to drug testing as required by this procedure or of a positive test. The [Student Grievance Procedure](#) shall also be explained.

- B. Change in Procedure. NPC reserves the right to modify this procedure at any time without notice. Whenever this Procedure is changed, NPC shall provide notice of the change to all affected students. Failure to provide such notice, however, shall not affect the validity of this procedure. All faculty and students are expected to be aware of the current provisions of this procedure at all times. Copies of current [NPC Policy and Procedures](#) are available online.
- C. Notice of Drugs Tested. Tests under Section II of this procedure shall include tests for drugs in the following categories:
- Amphetamines
  - Barbiturates
  - Benzodiazepines
  - Cannabinoids
  - Cocaine Metabolite
  - Methadone
  - Opiates
  - Phencyclidine
  - Propoxyphene

Tests of this procedure include all those listed above and alcohol and additional prescription drugs which may inhibit judgment. A more comprehensive detailed list of specific drugs tested for under this procedure may be obtained upon request.

- D. Confidentiality. Drug test results and related information shall be maintained in a separate file in a locked file cabinet. Only the Vice President for Learning and the Dean shall have access to the file unless one of the exceptions below applies. All drug testing results and related medical information shall not be disclosed to third parties unless disclosure is required by law, the information is needed by appropriate school officials to perform their job functions, disclosure is needed to override public health and safety concerns, or the student has consented in writing to the release of the information. The College shall have the right to use and disclose the results of drug testing required by this policy in connection with internal academic purposes and in connection with the defense of any student grievance and any claims filed by a student, or by his/her personal representative, in any court of law or with any state or federal administrative agency required by law regulation or subpoena.
- E. Withdrawal. At any time before a regularly scheduled drug test under this procedure a surgical technology student may withdraw from the surgical technology program or withdraw their application to participate in the clinical program or from the surgical technology program. A student may not withdraw from the surgical technology program if a drug test based on reasonable suspicion of illegal drug use or alcohol use while attending patients or working at an affiliated health care facility has been required. A refusal to take a drug test ordered on reasonable suspicion shall be considered a breach of this policy and cause for dismissal from the program.
- F. Records Retention. NPC shall maintain all consent forms, test results (including negative tests), chain of custody documents, any internal memoranda concerning the circumstances of the test and related medical information including negative test results for a period of at least

five years or as required by the Department of Library Archives and Public Records, whichever is longer. The Dean shall keep a record of all training provided under this Procedure.

***Pre-Clinical Screening for Use of Alcohol and Drugs***

All students are to be screened for drugs prior to their first day of clinical practicum in any semester of the surgical technology program. A positive and unexplained test for any of the drugs listed in this procedure will result in the student being excused from the practicum and informed of the intention of NPC to dismiss her or him from the surgical technology program.

**Procedure:**

- A. Students are informed of the pre-clinical screening procedure and outcomes at the beginning of the semester as provided above.
- B. Students are notified by their instructors the maximum time frame in which to complete a urine drug screening at the designated place.
- C. Northland Pioneer College is to pay for this pre-clinical screening test.
- D. The Medical Exam Officer reviews the results of the urine specimens that are then sent to the Northland Pioneer College dean of surgical technology.
- E. Students with negative results are to start their clinical practicum per schedule.
- F. Students with positive results are advised of the results by the Dean and are to follow subsection (F) and (G) of “Reasonable Suspicion” Procedure section.

***“Reasonable Suspicion” Testing for Use of Alcohol and Drugs Procedure***

If the surgical technology faculty, clinical supervisor, or staff (“supervising nurse”) in the clinical facility or college where the student is assigned have reasonable cause to suspect that the student is mentally or physically impaired due to alcohol or drug use immediately prior to or during the performance of his/her clinical duties the student will be asked to submit to a urine drug and alcohol screening test.

- A. An affiliated health care provider may choose to follow its procedures in connection with the incident. In that case the NPC faculty member shall determine in consultation with the Dean of Surgical technology and the Vice-President for Learning whether to proceed under this procedure in addition to any procedure required by the affiliated entity. Any test results obtained by an affiliated health care entity, whether a random, reasonable suspicion or regularly scheduled test, may be used by NPC under this procedure provided NPC administrators are satisfied that the affiliated entity's procedures are fair to the student. This procedure may be invoked whether or not an affiliated health care provider requires testing.
- B. If this procedure is invoked, the faculty member will have another faculty member or licensed health care professional confirm the suspicious behavior if possible. The faculty member or licensed health care professional must complete the form “Faculty Report for Reasonable Suspicion of Drug/Alcohol Use.”

- C. The student will be removed from patient care assignment and/or college premises pending results of the test.
- D. The student will provide a urine specimen for alcohol/drugs test which will be paid for by Northland Pioneer College. The testing will be conducted by an agency contracted by NPC pursuant to the guidelines set out in this procedure, including, if requested, splitting the specimen for a follow up test. The student will be responsible for any charges associated with the split specimen storage or follow-up testing. The student shall cooperate in all testing procedures. Failure to cooperate constitutes grounds for dismissal from the program. Student cooperation shall include, but not exclusively:
1. Reporting to the collection site as soon as possible after notification to report.
  2. Bring and show official photo identification to collection personnel.
  3. Check outer garments with collection personnel.
  4. Rinse and dry hands without soap (Hands should be clean).
  5. While under indirect observation (collector in same room) provide a 45ml sample or stay at the site and consume fluids until such a sample can be provided.
  6. Provide an oral temperature on request. If the oral temperature is outside the range of the specimen or you refuse to give it you will be required to provide a specimen while under direct observation.
  7. Give the specimen to the collection personnel, and indicate whether you desire a split specimen. (You will be responsible for any charges associated with the split specimen storage or testing.) Then observe sealing and labeling of bottle(s), initial the label(s) and sign the collection form. You may, if you wish, indicate on the collection form any medications you are taking as a memory aid should the Medical Review Officer seek clarification or explanation of test results.
  8. Cooperate with any other reasonable request of collection personnel and the Medical Review Officer.
- E. The Medical Review Officer will review the results of the urine specimen. If the test is positive, the Medical Review Officer may contact the student to obtain any explanation for the positive test results. The Medical Review Officer will inform the Dean of Surgical technology at Northland Pioneer College of the outcomes. A copy of the written results will be sent to the Dean of Surgical technology.
- F. If the results of the urine test are positive and inadequately explained for one or more illegal substance(s)<sup>1</sup>:

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<sup>1</sup> Pursuant to A.R.S. § 15-108, NPC prohibits the possession and use of marijuana on all campuses and in all off campus student activities, including internships and clinical learning experiences in health programs, regardless of whether the possessor or user is in possession of a medical marijuana card. Medical marijuana, or its metabolite, is not an accepted substance in urine drug screens and will result in a positive urine drug screen. Students with a prescription for medical

1. The student will be informed of the results, will be excused from the practicum, and will be informed of the intention of NPC to dismiss him or her from the surgical technology program. The Student shall have 10 days to initiate a grievance in accordance with the NPC Grievance Procedure. The Student may contest or attempt to explain the results of the positive test through the Grievance Procedure. The Student will be given the opportunity to have the split portion of the sample tested at a laboratory agreeable to both the student and the college. The Student shall pay for any such second test. The results of the second test shall be considered in the grievance. Unless a grievance is properly initiated within that time, the tentative dismissal shall become effective.
  2. Any student dismissed under this procedure is encouraged to seek professional addictions counseling and/or enter an addictions treatment program.
  3. Involvement of the Arizona State Board of Surgical technology is required if the student is a Licensed Practical Nurse or LNA. The student waives any confidentiality of records pursuant to Family Education Rights and Privacy Act and any other federal law including 42 U.S.C & 290-2.
  4. After twelve months of absence from the surgical technology program, the student may petition for readmission per the Readmission Procedure in this Student Handbook. (Admission will be dependent on space availability.)
  5. Evidence of rehabilitation of alcohol/drug addictions is required as part of the readmission application.
    - a. Documentation of a completed program from a recognized treatment program.
    - b. Acknowledgment of continued attendance in an anonymous 12-Step program.
    - c. Evidence of after-care attendance upon completion of the treatment program.
    - d. Letter/documentation from treatment facility and/or therapist stating that the student would be able to function effectively and provide safe and therapeutic care for patients in a clinical setting.
    - e. A pre-admission drug screening exam and drug testing thereafter as required by the NPC or its affiliated entities.
- G. If the results of the urine test indicate use of a prescribed medication, other than medical marijuana:
1. The student is to meet with the Dean within 24 hours of the test results to discuss the use of the medication and related impaired clinical behavior/judgment.
  2. The student will need to consult with his/her physician regarding the continuous use of the prescribed medication.
    - a. If the student's physician discontinues the medication, and the student's behavior/judgment is no longer impaired, the Dean and the Vice-President for Learning in consultation with the DRA coordinator for the college, will make a decision regarding his/her returning to the clinical/classroom



- settings. Subsequent testing may be required.
- b. If the student is to remain on the medication and consequently exhibit impaired behaviors/judgment, the Dean in conjunction with the College DRA coordinator shall make inquiry of the student whether any reasonable accommodation can be made so that the student can perform the technical standards. If the student cannot or, with adequate instruction, will not be able to perform to the technical standards, with or without reasonable accommodation, s/he will be asked to withdraw. If any of the student's actions place the health or safety of a patient at risk, he or she may be dismissed from the program.
    - 1) At any time, the student who withdraws under this subsection may petition for readmission per the Re-Admission Procedure in the Student Handbook. (Admission will be dependent on space availability.)
    - 2) The student is required to show evidence of change in or discontinued use of prescribed medication that contributed to the impaired behavior/judgment or that he or she can now perform or will be able to perform with adequate instruction the technical standards required.
- H. If the results of the urine test are negative:
1. The student is to meet with the Dean within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
    - a. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever may have caused the alcohol-like odor, before being allowed to return to the clinical setting.
    - b. If the indicator was behavioral, consideration must be given to a possible medical or mental condition being responsible for the symptoms. Medical or psychiatric evaluation may be indicated.
    - c. Based on the information proved in this meeting and any follow-up evaluations, the Dean will make a decision regarding return to the clinical/classroom settings.
- I. If a student refuses to submit to a urine drug screen, the student will be required to leave the clinical area and make an appointment with the Dean. The Dean may recommend that the student be dismissed from the surgical technology program for failure to conform to the guideline and procedure. Refusal to take a test constitutes grounds for dismissal from the program. The recommendation is not binding on the administration.
- J. A second positive, inadequately explained result on an alcohol/drug screen shall have the same results as a first inadequately explained result. NPC does not discriminate on the basis of alcoholism or past drug addiction. Students should be informed, however that use of illegal drugs while a student in the program and use of alcohol during a clinical rotation or before a clinical rotation so that judgment is impaired during a clinical rotation will be grounds for dismissal from the program no matter the student's past history.

### ***Testing Procedures***

NPC shall contract for testing services with reputable laboratories. In procuring testing services, the following minimum testing procedures shall apply.

- A. Collection facilities must:
  1. Be clean.

2. Well lighted.
  3. Use toilet bluing agent.
  4. Have no other source of water in the enclosure where collection occurs.
- B. Collection personnel must:
1. Contact NPC if the student fails to arrive for test.
  2. Request a photo identification from the student.
  3. Use a chain of custody control form.
  4. Fill out necessary information on the chain of custody form.
  5. Ask student to remove unnecessary coats or jackets or other unnecessary clothing.
  6. Ask student to remove all personal belongings such as purse or briefcase. Student may retain wallet.
  7. Instruct student to wash and dry hands without soap.
  8. Remain present but outside stall or privacy area with only toilet with bluing agent while specimen is provided.
  9. Note any unusual circumstances, behavior or appearance on custody control form.
  10. Ask the student if he or she desires a split specimen. If the specimen is insufficient for splitting to two samples, require the Student to remain to provide sufficient specimen.
  11. If the specimen is outside normal temperature range of 32 to 38C or 90 to 100 F and student will not provide oral body temperature or if the reasonable grounds exist to believe the student has altered a specimen, obtain a specimen by direct observation. Any decision to collect a specimen by direct observation shall be confirmed by a supervisor. Direct observation shall be only by one same gender collector.
  12. Verify that at least 45ml collected for split sample.
  13. Measure and document temperature of specimen(s).
  14. Inspect specimen's color and inspect for contaminants.
  15. Keep the specimens in view at all times until they are sealed and labeled.
  16. Use tamper proof seals and label in presence of student.
  17. Require student to initial the label(s).
  18. Enter all identifying information for specimen on chain of custody form and in on site logbook.
  19. Collector must sign chain of custody form.
  20. Have student sign chain of custody form and logbook.
  21. Have student sign any release form required by collection agency or laboratory.
  22. Note any refusal by student to sign any release form required and immediately notify NPC of such refusal.
  23. Prepare and mail specimen(s) if necessary as soon as possible but at least within 24 hours, safeguarding specimen until mailed.
  24. Document the date and purpose of all handling or transferring of specimen(s) on chain of custody form. Handling should be kept to a minimum.

**PUBLIC NOTICE OF NONDISCRIMINATION:** Northland Pioneer College does not discriminate on the basis of race, color, national origin, veteran status, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities. District grievance procedures will be followed for compliance with Title IX and Section 504 requirements. The Affirmative Action Compliance Officer is the Director of Human Resources, 2251 E. Navajo Blvd., Holbrook, Arizona 86025, (800) 266-7845. The Section 504 Compliance Officer is the Coordinator of Disability Resource and Access, 1001 W. Deuce of Clubs, Show Low, Arizona 85901, (800) 266-7845. The lack of English language skills will not be a barrier to admission and participation in vocational education programs.

Revised 9-12-14

**Surgical Technology Program  
Allied Health Division**

*Clinical/Laboratory Incident Report*

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

STUDENT: \_\_\_\_\_ COURSE NUMBER: \_\_\_\_\_

CLINICAL INSTRUCTOR: \_\_\_\_\_

LABORATORY OR CLINICAL AGENCY AND LOCATION WHERE INCIDENT OCCURRED:

\_\_\_\_\_

LABORATORY OR CLINICAL AGENCY WHERE CARE WAS RENDERED

\_\_\_\_\_

AGENCY PRECEPTOR: \_\_\_\_\_

AGENCY INCIDENT FORM COMPLETED?	YES	NO
NPC INCIDENT FORM COMPLETED	YES	NO
DEAN OF SURGICAL TECHNOLOGY NOTIFIED	YES	NO

PLEASE NAME **ALL** PERSONS THAT APPLY TO THE FOLLOWING DESCRIPTIONS:

THE INCIDENT WAS	NAME	TITLE	PHONE	DATE AND TIME
DISCOVERED BY:				
WITNESSED BY:				
REPORTED TO:				

STUDENT DESCRIBES EXACTLY WHAT HAPPENED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT DESCRIBES WHAT ACTIONS OCCURRED ONCE THE INCIDENT WAS NOTED:

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STUDENT DESCRIBES DATE, TIME AND PLACE MEDICAL EVALUATION AND TREATMENT OCCURRED:

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STUDENT DESCRIBES WHAT COULD HAVE PREVENTED THE INCIDENT?

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STUDENT'S RECOMMENDATIONS TO PREVENT RE-OCCURRENCE:

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DESCRIPTIONS AND RECOMMENDATIONS FROM CLINICAL INSTRUCTOR:

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STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_